

Town Hall
W10919 County Road V.
Lodi, WI 53555
(608) 592-4868
<https://www.tn.lodi.wi.gov/Home>



TOWN BOARD
Chairman: Brian Henry
Supervisor 1: James Brooks
Supervisor 2: Aaron Arnold
Supervisor 3: Marc Hamilton
Supervisor 4: Karla Faust

APPLICATION FOR EMPLOYMENT

The Town of Lodi is an Equal Opportunity Employer

Today's Date:

Employment Desired		
Title of Position Applying For	Date Available for Work	Salary Wage Required

Personal Information		
First Name:	Middle Name:	Last Name:
Current Mailing Address:	City:	State & Zip Code:
Date of Birth:	Social Security Number:	Driver's License Number:
Home Phone Number:	Cell Phone Number:	Email Address:

Are you at least 18 years of age? NO YES

Are you a U.S. Citizen or legally eligible to work in the U.S.? NO YES
(If hired, you will be required to provide documentation that you are eligible to work)

Have you filed an application with the Town of Lodi previously? NO YES If yes, give date(s)

Have you ever been employed by the Town of Lodi previously? NO YES If yes, give date(s)

Have you ever been convicted of ANY felony or misdemeanor (other than traffic) or violation of ANY Federal, Wisconsin, other state or municipality ordinance/law? YES _____ NO _____

If yes, please complete the following:

Year:	Location:	Charge:	Disposition:
_____	_____	_____	_____
_____	_____	_____	_____

Are there any charges presently pending against you (other than traffic) for violation of ANY Federal, Wisconsin, other state or municipality ordinance/law? YES _____ NO _____

If yes, please complete the following:

Year:	Location:	Charge:	Status:
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: A CRIMINAL BACKGROUND CHECK WILL BE DONE THROUGH THE WISCONSIN DEPARTMENT OF JUSTICE.

Work Experience			
May we contact this employer?		Yes	No
		If no, explain	
Employer:		Phone Number:	
Address:		Supervisors Name and Phone Number:	
Your Position Title:		Description of Duties:	
Length of Employment:			
From:	To:		
Hours Worked Per Week			
Reason for Leaving:			
Work Experience			
May we contact this employer?		Yes	No
		If no, explain	
Employer:		Phone Number:	
Address:		Supervisors Name and Phone Number:	
Your Position Title:		Description of Duties:	
Length of Employment:			
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Hours Worked Per Week			
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Your Position Title:		Description of Duties:	
Length of Employment:			
From:	To:		
Hours Worked Per Week			
Reason for Leaving:			

EDUCATION**Did you graduate from high school or receive a GED? Yes No****Name and Location of School / Program Attended:**

Name and Location of College, University, or Technical School	Did you graduate?	Degree or Diploma	Program of Study
	Yes No		
	Yes No		
	Yes No		
	Yes No		

REFERENCES:

Please list three individuals (not relatives), who have known you for at least 1 year, who can attest to your work qualities.

Name and Occupation:	Present Address:	Phone Number:

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

The facts set forth in my application for employment are true and complete. I understand that any false statement on this application will result in my not being eligible to be hired. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the Town of Lodi in any way.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date Received: ____/____/____

Date of Interview: __ __ / __ __ / __ __ __ __ __

Time of Interview: _____:

Interviewed By: _____ **Title:** _____

Interviewed By: _____ **Title:** _____

Interviewed By: _____ **Title:** _____

Interviewed By: _____ **Title:** _____

Interviewed By: _____ **Title:** _____

Notes/Comments: _____
